

## RFP #DDS-SIHBEDS-15 / Specialized Inpatient Autism Hospital Beds

### ADDENDUM #1 Questions and Answers

Questions received as of May 19, 2015 on RFP # DDS-SIHBEDS-15 are listed below with responses provided by the DDS Autism Division Unit

1. The total funding that is available for the one year contract term: is that for program development and start-up costs or is it for direct patient care for the 3 patients?

**Answer:** The total funding is for program development and start-up cost. The direct patient care would be billed through the patients' insurance.

2. The RFP states that the three beds should serve individuals 14-25 years of age. Please clarify how this age range was determined. Is the age range negotiable? We believe the mixing of such a wide age range would pose safety and clinical problems, including the fact that the proposed age range incorporates both pediatric and adult populations.

**Answer:** The age range was determined through data based on hospital admissions for individuals with ASD and co-occurring psychiatric disorders and was provided by the Connecticut Behavioral Health Partnership.

3. May Autism Spectrum Disorder be the primary diagnosis for admission? If not, what primary diagnosis will be acceptable?

**Answer:** Yes, Primary diagnosis of Autism Spectrum Disorder with co-occurring acute psychiatric disorders.

4. Can an application for DDS Provider status be concurrent with submission of the RFP? We have submitted the DDS Provider application but do not know the expected approval schedule.

**Answer:** Yes, however the provider (contractor) application must be approved by the start date of the program.

5. Has DSS, DDS and/or Value Options developed admission criteria or may the RFP response include proposed admission criteria? May the RFP response include proposed admission criteria around the issue of conservatorship for those over 18 years of age?

**Answer:** Yes, the RFP response should include proposed admission criteria. DDS/DSS may at a later date establish alternative criteria. The RFP response may not include proposed admission criteria specific to the issue of conservatorship for those over 18 years of age.

6. Has DSS, DDS, and /or Value Options expected length of stay criteria? If so, can those be shared? If not, how will those be determined?

**Answer:** DSS, DDS and/or Value Options has not determined an expected length of stay criteria. Length of stay would be individualized based on the patient's severity of admission status and response to treatment. Continued insurance payment for in-patient stay would be determined in the same manner as any current patient placed in your hospital.

7. It is our understanding that the \$500,000 is intended to be used for start-up costs and followed by routine Medicaid billing of daily rates for care provided. Is this correct? If not, please clarify the intended uses for the RFP funding.

**Answer:** The total funding is for program development and start-up cost. The direct patient care would be billed through the patients' insurance.

8. If the three beds are filled with Medicaid patients and a fourth or fifth patient is referred to the program may the provider accept the additional patients and bill Medicaid the routine daily rate as well?

**Answer:** Yes. The RFP recipient will be evaluated on outcomes based on the three beds identified in the proposal and patients provided treatment only by those staff receiving training through the program.

9. Is there any limit on the number of insurance and/or private pay patients who may be served in other than the three beds?

**Answer:** No. The RFP recipient will be evaluated on outcomes based on the three beds identified in the proposal and patients provided treatment only by those staff receiving training through the program.

10. The RFP notes one of the components is the "ability to supervise staff in community settings." Does the RFP contemplate the inpatient provider providing follow-up services in the home or community residence as well? Does the RFP contemplate that the provider will provide training of the community caregivers (parents or staff) to maintain appropriate supports when the patient is discharged? If not, what is the intent of this component?

**Answer:** The component would apply to the inpatient contractor based on the design of the proposed program. If the submitted program proposal includes taking the patients out into the community as part of their treatment program then the contractor must have the ability to supervise staff in a community setting.

11. The time between award of the grant and the proposed first admission (June 29 to August 10) is extremely short to recruit, hire and train staff. May the RFP response propose an amended schedule?

**Answer:** Yes the RFP response proposal may include an amended schedule and that would be included in the RFP evaluations to determine selection of a contractor.

12. Please refer to page 16 of the RFP. For 'Outcomes', it states that a "6 month report of utilization rate showing 90% occupancy for 6 months is required 5 months after the admission of the first patient". As this is chronologically not possible, is submission of the report 7 months after the first admission acceptable?

**Answer:** At a minimum a preliminary report will be required by 1/15/16 outlining the utilization rate of the 3 inpatient beds during the 5 months of program operation and estimated utilization.